Maternity Care QA Manual
Table of Contents
(Updated 1/06)

MATERNITY CARE QUALITY ASSURANCE MANUAL
(Updated 1/2006)

I. INTRODUCTION

OVERVIEW

The regular monitoring of the Maternity Care Program is essential to ensure that State requirements of the Maternity Care Program are met and quality maternity care is provided to every recipient participating in the program. A combination of efforts will be undertaken to monitor all aspects of the program with the primary focus on good patient outcomes and program improvement.

The Quality Assurance monitoring and review process is an ongoing assessment that will strive to promote quality initiatives and improvements. Initial monitoring areas may be revised and/or updated as necessary to reflect quality concerns in the changing Maternity Care environment.

MONITORING REQUIREMENTS

Monitoring is an essential process for utilization management while determining unique performance awareness, patterns and oversight. Patterns of excellent, adequate or poor performance may indicate issues that need to be addressed at the District level or issues that affect the whole state. The Maternity Care QA Program will monitor Maternity Care activities on an on-going basis. Aggregate data will be collected and compiled into periodic reports. Interpretation of review findings will be reported through numerical spreadsheets and/or narrative summary. Further review and/or a request for a corrective action plan may be necessary dependant on review findings.

Monitoring will require at a minimum:

- Review of recipient medical records
- Review of Recipient Explanation of Medicaid Benefits (REOMBs)
- Review of Grievance Log
- Review of QI Tracking Log
- Review of QA Committee Meeting Minutes
- Review of Focused Studies
- Review of Performance Improvement Projects

CONFIDENTIALITY

All recipient data and information received will be kept confidential and maintained or destroyed according to Alabama Medicaid Agency's Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Manual.

II. QUALITY ASSURANCE POLICIES

A. Medical Record Reviews

Purpose: To ensure each Maternity Care District is providing quality maternity care to their recipients. This will be accomplished by conducting periodic reviews to evaluate the effectiveness of the care strategy.

Data: Random samples of recipient records are requested from the Primary Contractor and their Delivering Healthcare Providers bi-annually. This random sample is based on 5% of each District's total deliveries from the previous year. A delivery totals list is updated each year documenting the previous year's total deliveries for each District. The data from the review is entered into a computer database (Attachment A) for analysis.

Process: The sample number of records is chosen randomly from a DSS Query generated for a specific 6 month period of time prior to the review but in no case reflective of less than 3 months prior to the review month. A recipient list is compiled of the recipient's name, Medicaid number, birth date and delivery date. This list and a letter are sent to the Primary Contractor with instruction to coordinate each recipient name with the name, address, phone number, fax number, and the name of a contact person for the subcontracting provider who provides care to the recipient. A request for recipient records are sent to the subcontracting provider requesting patient records to be sent back to the Medicaid QA Division for review. After the review is completed and all data is calculated, a Quality Measures Report (Attachment B) is sent to the District. The results of this report are based on the Performance Measures listed below. These Performance Measures may change with each new Contract period depending upon previous review findings. Bi-annually a District Measures Summary for each District (Attachment C) is reported to Each District. A summarization of all 14 Districts is sent to the Maternity Care Program's Associate Director's office.

The Performance Measures are as follows:

1. To increase the % of pregnant women who began prenatal care during the first 13 weeks of pregnancy.

2. To decrease the % of low birth weight babies born to Medicaid mothers.

3. To decrease the % of very low birth weight babies born to Medicaid mothers.

4. To increase the % of Medicaid mothers who had live births that completed postpartum visits to a healthcare provider on or between 21 and 56 days after delivery.

5. To increase the % of pregnant women smokers who received advice on smoking cessation from a health professional.

6. To increase the % of Medicaid mothers who had live births that underwent the recommended # of prenatal visits.

7. To increase the % of completed required postpartum home visits made to Medicaid mothers.

8. To increase the % of completed required postpartum home visits that adequately addresses the needs of the Medicaid mother and baby.

Timeframe: District record reviews are completed according to a review schedule and the results are reported bi-annually.

Follow-up: Statewide statistical reports are generated after all bi-annual District reviews are completed. The Statewide statistical averages are computed by using weighted District averages to present a more accurate measurement due to the variation in the volume of deliveries per District. Further review and/or a request for a corrective action plan may be necessary dependant on Medical Record review findings.

Responsible Party: Medicaid QA Division

Baseline: See QA Measures Summary for baseline percentages.

Goal: See QA Measures Summary for goal percentages.

B. Recipient Explanation of Medicaid Benefits (REOMBs or Recipient Surveys)

Purpose: To ensure the delivery of quality healthcare by all Districts the input from the recipients must be considered. This will be accomplished by sending REOMBS/Recipient Surveys to recipients who have delivered within a certain timeframe throughout the year.

Data: REOMBS/Recipient Surveys are requested through EDS and are chosen on a random basis according to county of residence and payment of procedure codes 59400, 59410, 59510, 59515.

Process: Every District is sampled every month. The number of surveys sent per District is based on the previous year's total number of deliveries in each District. The sample size is chosen every month based on delivery dates within one (1) month period that is (3) month prior to the requesting month. A list is updated each year reflecting the number of surveys to be requested. All completed REOMBS/Recipient Surveys (Attachment D) are returned back to the Medicaid QA Division and grouped per District. The REOMBS/Recipient Survey Report (Attachment F) consists of a computer generated graph for each question contained in the survey. The REOMBS/Recipient Survey Report results are calculated and reported on quarterly.

Timeframe: Responses are requested monthly and computed/reported quarterly.

Follow-up: Trends and patterns will be monitored to be reported and referred as necessary. Requests for further information and/or a request for a corrective action plan may be necessary dependant on issues identified in the surveys.

Responsible Party: Medicaid QA Division

Baseline: Survey return rate 24 %.

Goal: 34% Survey return rate.

C. Grievance Log

Purpose: Recipients and providers must have a consistent mechanism to express concerns and dissatisfaction with the services provided through the Maternity Care Program.

Data: Grievances may be received in this office via phone or mail. A grievance log (Attachment F) maintained by the Primary Contractor is sent to the Maternity QA Office for review on a quarterly basis.

Process: Grievances received directly to this office are referred to the Primary Contractor for resolution. The Primary Contractor's Grievance Log contains all grievances received by the Primary Contractor within the specified quarter and tracks the grievance to resolution. This log is reviewed by the QA staff for problems, concerns, trends or patterns. Any problems or concerns noted upon review of the log are referred back to the Primary Contractor for resolution. See Operational Manual for complete Grievance System.

Timeframe: Standard resolution within 90 days. The Primary Contractor's Grievance Log is reviewed by Medicaid QA Division quarterly.

Follow-up: Grievances of a more urgent or immediate nature received in this office will be referred for appropriate and immediate action within the Medicaid Agency or referred to the Primary Contractor to be taken through their 48 hour review process. Any grievance not resolved will be followed-up and carried through the Grievance process, appeal process and fair hearing process. Requests for further information and/or a request for a corrective action plan may be necessary dependant on issues identified in the Grievance Log.

Responsible Party: Primary Contractor/ Medicaid QA Division

Baseline: N/A

Goal: N/A

D. Q I Tracking Log

Purpose:	A means by which the Primary Contractor can identify and track problems and/or issues noted within their Districts. Identified problems or issues are taken to the QA Committee for discussion and recommendations.
Data:	A QI Tracking Log (Attachment G) documents any problems or issues along with the responsible parties, recommendations, outcomes, and follow-up. This log is maintained by the Primary Contractor and sent to the Medicaid QA Division for review on a quarterly basis.
Process:	The Primary Contractor documents and tracks problems and/or issues to resolution on the QI Tracking Log. Maternity Care QA Program reviews the log in order to identify quality concerns, trends and patterns.
Timeframe:	Data collecting and tracking of the problems may span several months before being adequately resolved. Also follow-up may be required in order to assess if the recommendations and resolution efforts were effective. The updated log is reviewed by the Medicaid QA Division quarterly.
Follow-up:	Requests for further information and/or a request for a corrective action plan may be necessary dependant on issues identified in the QI Tracking Log.
Responsible Party:	Primary Contractor/ Medicaid QA Division
Baseline:	N/A
Goal:	N/A

E. QA Committee Meeting Minutes

Purpose:	To ensure there is an identifiable structure that delineates responsibility for performing QA functions within the Primary Contractor's program.
Data:	Committee Meeting Minutes are sent to the Medicaid QA Division on a quarterly basis. (See Attachment H)
Process:	The Primary Contractor's Quality Assurance Committee meets quarterly to review and discuss the evaluation of the programs enrollment process, grievances, internal and external QAPI activities, performance improvement projects, focused studies, and provider network issues. Required Minutes from this meeting are is sent to the Medicaid QA Division for review. Requests for further information and/or a request for a corrective action plan may be necessary dependant on issues identified in the meeting minutes.
Timeframe:	Conducted by the Primary Contractor and reviewed by Medicaid QA Division quarterly.
Follow-up:	Requests for further information and/or a request for a corrective action plan may be necessary dependant on issues identified in the QA Meeting Minutes.
Responsible Party:	The Primary Contractor is responsible for conducting the meetings on a quarterly basis. The meeting minutes are reviewed by the Medicaid QA Division quarterly.

Baseline: N/A

Goal: N/A

F. Focused Studies

Purpose: The purpose of conducting a Focused Study is to evaluate processes and outcomes of care in a methodological manner. A Focused Study may be conducted on a one time basis without follow-up or may be conducted with a repeat study being done for quality improvement (QI) purposes. Focused Studies should target improvement in clinical and non-clinical areas.

Data: The data for the Focused Study is collected by the Primary Contractors or their designee. The data for the Focused Study is collected according to an established data collection plan.

Process: Prior to collecting data for a Focused Study a Study Topic is first selected by the Medicaid QA Division or can be selected by the Primary Contractors. The Medicaid QA Division may establish other guidelines for the conduction of the study as necessary. The Study Topic, whether clinical or non-clinical, should target improvement in areas that significantly impact enrollee health, function, or satisfaction. Upon establishing the study topic, study question(s) are defined in order to set a framework for all data collection, analysis and interpretation. Study indicators are then established in order to assess performance. The study population is identified specifying the number of Maternity Care recipients and if only a sample of those recipients were used. Data collection is conducted according to a data collection plan that defines the source, method of collection, instruments used to collect the data, and the qualifications of the staff collecting the data. The collected data is then analyzed according to a data analysis plan that presents the study's numerical data in a way that provides accurate, clear, and easily understood information, identifies measurable results of the of the Primary Contractors performance compared to identified benchmarks, factors that threaten the internal or external validity of the findings, factors that may have influenced the comparability of the data, and the statistical significance of any differences between units of comparisons. Upon completion of the study the Primary Contractor records and submits to Medicaid QA Division a Summary of all numerical data and a written interpretation of the study.

Timeframe: The timeframe for the collection of data for a Focused Study is established with the development of each Focused Study. The analysis of the study is conducted and the final Focused Study statistical data and written report is sent to Medicaid QA Division for review within 30 days after the data collection is completed.

Follow-up: Follow-up studies may be required to determine effects and or delivery outcomes.

Responsible Party: Primary Contractors or their designee(s) are responsible for conducting the study. The completed study is reviewed by Medicaid QA Division.

Baseline: N/A

Goal: N/A

G. Performance Improvement Projects

Purpose:	The purpose of conducting a Performance Improvement Project is to improve relevant areas of clinical or non-clinical in the Maternity Care Program.
Data:	The data for the Performance Improvement Project is collected by the Primary Contractors or their designee. The data for the Performance Improvement Project is collected according to an established data collection plan.
Process:	Prior to collecting data for a Performance Improvement Project a Study Topic is first selected by the Medicaid QA Division or can be selected by the Primary Contractors. The Medicaid QA Division may establish other guidelines for the conduction of the study as necessary. The Study Topic, whether clinical or non-clinical, should target improvement in areas that significantly impact enrollee health, function, or satisfaction. Upon establishing the study topic, study question(s) are defined in order to set a framework for all data collection, analysis and interpretation. Study indicators are then established in order to assess performance. The study population is identified specifying the number of Maternity Care recipients and if only a sample of those recipients were used. Data collection is conducted according to a data collection plan that defines the source, method of collection, instruments used to collect the data, and the qualifications of the staff collecting the data. The collected data is then analyzed according to a data analysis plan that presents the study's numerical data in a way that provides accurate, clear, and easily understood information, identifies measurable results of the of the Primary Contractors performance compared to identified benchmarks, factors that threaten the internal or external validity of the findings, factors that may have influenced the comparability of the data, and the statistical significance of any differences between units of comparisons. Upon completion of the study the Primary Contractor records and submits to Medicaid QA Division a summary of all numerical data and a written interpretation of the study. Also an implementation and improvement strategies to sustain real improvements should be included.
Timeframe:	The timeframe for the collection of data for a Performance Improvement Project is established with the development of each Project. The analysis of the study is conducted and the final Performance Improvement Project statistical data and written report is sent to Medicaid QA Division for review within 30 days after the data collection is completed.
Follow-up:	Follow-up studies may be required to determine effects and or delivery outcomes.
Responsible Party:	Primary Contractors or their designee(s) are responsible for conducting the study. The completed study is reviewed by Medicaid QA Division.
Baseline:	N/A
Goal:	N/A

(1/06)

Maternity Care Program Quality Measures Report
District _____
Review Period_____

Review Period:

1. **To increase the % of pregnant women who began prenatal care during the 1st 13 weeks of pregnancy. (Quality Measure)**

a. Number of charts reviewed
b. % of women who began prenatal care during the 1st 13 weeks of pregnancy
c. % of women who did not begin prenatal care during the 1st 13 weeks of pregnancy
d. % of prenatal visits not found

2. **To decrease the % of low birth weight babies born to Medicaid mothers. (Quality Measure)**

a. Number of charts reviewed
b. Number of babies born
c. % of low birth weight babies born
d. % of non-low birth weight babies born
e. % of birth weights not found

3. **To decrease the % of very low birth weight babies born to Medicaid mothers (Quality Measure)**

a. Number of charts reviewed
b. Number of babies born
d. % of very low birth weight babies born
d. %f non-very low birth weight babies born
e. % of birth weights not found

4. **To increase the % of Medicaid mothers who had live births that completed a postpartum visit to a healthcare provider on or between 21 and 56 days after delivery. (Quality Measure)**

a. Number of charts reviewed
b. Number of mothers who had live births
c. %of women who had live births that completed a post partum visit to a healthcare provider on or between 21 and 56 days after delivery
d. % of women who had live births that did not completed a post partum visit to a healthcare provider on or between 21 and 56 days after delivery
e. % of postpartum visits not found

5. **To increase the % of pregnant women smokers who received advice on smoking cessation from a health professional. (Quality Measure)**

a. Number of charts reviewed
b. Number of smokers
c. % of smokers
d. % of smokers who received advice on smoking cessation from a health professional
e. % of smokers who did not receive advice on smoking cessation by a health professional
f. % of non-smokers

g. % of "smoking status" not found

6. To increase the % of Medicaid mothers who had live births that underwent the recommended # of prenatal visits. (Quality Measure)

a. Number of charts reviewed
b. Number of mothers who had live births
c. % of mothers who had live births who underwent the recommended # of prenatal visits
d. %of mothers who had live births who did not undergo the recommended # of prenatal visits
e. % of prenatal visits not found

7. To increase the % of completed required postpartum home visits made to Medicaid mothers. (Quality Measure)

a. Number of charts reviewed
b. Number of required home visits
c. % of completed required home visits
d. % of required home visits not completed

8. To increase the % of completed required postpartum home visits that adequately addresses the needs of the Medicaid mother and baby. (Quality Measure)

a. Number of charts reviewed
b. Number of required home visits
c. % of completed required home visits that adequately address the needs of the Medicaid mother and baby
d. % of completed required home visits that do not adequately address the needs of the Medicaid mother and baby
e. % of completed required home visits not completed adequately

9. To increase the % of very low birth weight babies born at facilities for high-risk deliveries and newborns. (Know)

a. Number of charts reviewed
b. Number of babies born
c. % of very low birth weight babies born of very low birth weight babies born at facilities for high-risk deliveries and newborns
d. % of very low birth weight babies not born at facilities for high-risk deliveries and newborns
d. % of non-very low birth weight babies born
e. % of birth weight babies not found

10. The number of Medicaid mothers who delivered between 22-34 weeks gestation. (Know)

a. Number of charts reviewed
b. Number of Medicaid mothers who delivered between 22-34 weeks gestation
c. Number of charts gestation at delivery not found

(Updated 1/06)

Maternity Care Measures District Summary
District #_____
Review Period_____

Type	Measure		District %	Baseline	Goal	Statewide
Quality	To increase the % of pregnant women who began prenatal care during the first 13 weeks of pregnancy					
Quality	To decrease the % of low birth weight babies born to Medicaid mothers					
Quality	To decrease the % of very low birth weight babies born to Medicaid mothers					
Quality	To increase the % of Medicaid mothers who had live births that completed a postpartum visit to a healthcare provider on or between 21 and 56 days of delivery					
Quality	To increase the % of pregnant women smokers who received advice on smoking cessation from a health professional					
Quality	To increase the % of Medicaid mothers who had live births that underwent the recommended # of prenatal visits					
Quality	To increase the % of completed required postpartum home visits made to Medicaid mothers					
Quality	To increase the % of completed required postpartum home visits that adequately addresses the needs of the Medicaid mother and baby					

MATERNITY CARE PROGRAM
QUALITY IMPROVEMENT TRACKING LOG

DISTRICT (SITE)_____
PRIMARY CONTRACTOR_____
QUARTER_____YEAR_____

REVIEW SOURCE	DATE ID'D	PROVIDER OR RECIPIENT NAME	QUALITY ISSUE	PERSON RESPONSIBLE	DATE TO QA COMMITTEE	QA RECCOMENDATIONS	FOLLOW-UP	QUALITY ISSUE OPEN/CLOSED	DATE CLOSED

PRIMARY CONTRACTOR'S NAME
QUALITY ASSURANCE COMMITTEE MEETING

District:
Date:
Quarter:
Location:

Members Required	Members Name	Present/Absent	Comments
Program Director			
OB/GYN or Family Practice/Delivering Physician			
RN w/ OB experience			
Licensed Social Worker			
Hospital Representative			
Medicaid Consumer			
Other			

Call to Order:

Approval of Minutes:

Agenda:
(To include but not limited to)

I. Evaluation of Enrollment Process
II. Grievances
III. Internal and External QAPI activities
IV. Performance Improvement Project
V. Subcontractors and Recipients under and over utilization detection

VI. Focused Studies
VII. Utilization of Medical Record Review information
VIII. Provider Network Issues

General Discussion:

Question and Answer:

Adjournment:

QA Meet. Min. Format (Updated 1/06)

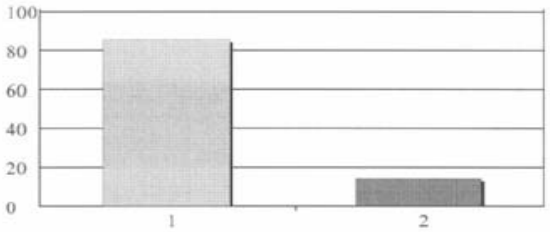
Attachment E
Maternity Care QA Program
Updated 1/31/06

REOMB RECIPIENT SURVEY REPORT

Report Title

Creation Date: 2/3/2006
Time Interval: 12/20/2005 to 12/20/2005
Total Respondents: 8

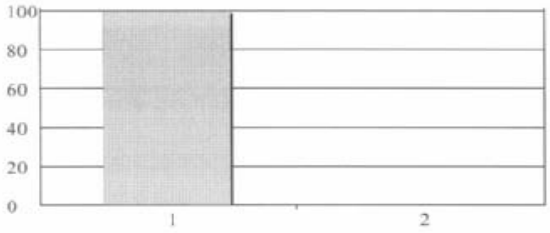
1. When you called for your first appointment, were you **LESS THAN 15** weeks pregnant?



1. Yes	6	86%
2. No	1	14%
Total Responses:	7	

Mean: 1.14 Standard Deviation: 0.38

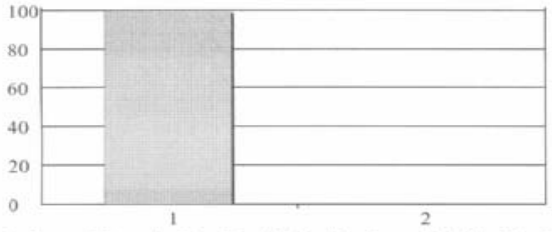
2. Were you given an appointment **WITHIN** three weeks?



1. Yes	8	100%
2. No	0	0%
Total Responses:	8	

Mean: 1.00 Standard Deviation: 0.00

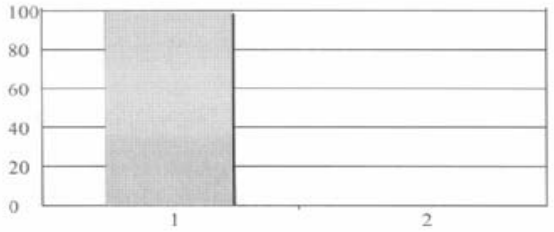
3. Did you keep your first appointment?



1. Yes	8	100%
2. No	0	0%
Total Responses:	8	

Mean: 1.00 Standard Deviation: 0.00

4. Is your Maternity Care Provider's office Located within fifty (50) miles of your residence?



1. Yes	8	100%
2. No	0	0%
Total Responses:	8	

Mean: 1.00 Standard Deviation: 0.00

Attachment D
Maternity Care QA Program
Updated 1/31/06

Alabama Medicaid Agency
Patient Survey

Think about your visits to your Provider for Maternity Care Services during THIS pregnancy. Please place a checkmark by the correct answer to the follwing questions.

Response Definition: Y=Yes N=No

	Y	N
1. When you called for your first appointment, were you **LESS THAN 15** weeks pregnant?	○	○
2. Were you given an appointment **WITHIN** three weeks?	○	○
3. Did you keep your first appointment?	○	○
4. Is your Maternity Care Provider's office Located within fifty (50) miles of your residence?	○	○
5. At your first appointment, were you assigned a Care Coordinator (Case Manager)?	○	○
6. Were you informed of how to contact your doctor or Care Coordinator in case of an emergency?	○	○
7. Were you informed of your rights and responsibilities as a patient?	○	○
8. Were you informed of your eligibility (or ineligibility) for the WIC Program?	○	○
9. Was the labor and delivery process discussed with you?	○	○
10. Were you advised about contacting SOBRA/DHR about your baby's birth?	○	○
11. Did anyone discuss with you the need for postpartum care?	○	○
12. Were you told about family planning services available to you?	○	○
13. Did anyone discuss the importance of pediatric care with you?	○	○
14. Did anyone discuss the importance of th Patient 1st Program with you?	○	○
15. Was the teaching and the information that you received presented in a manner that you understood?	○	○

PLEASE PRINT BELOW THE NAME OF THE COUNTY IN WHICH YOU RECEIVED MATERNITY CARE:

PLEASE PRINT YOUR NAME BELOW:

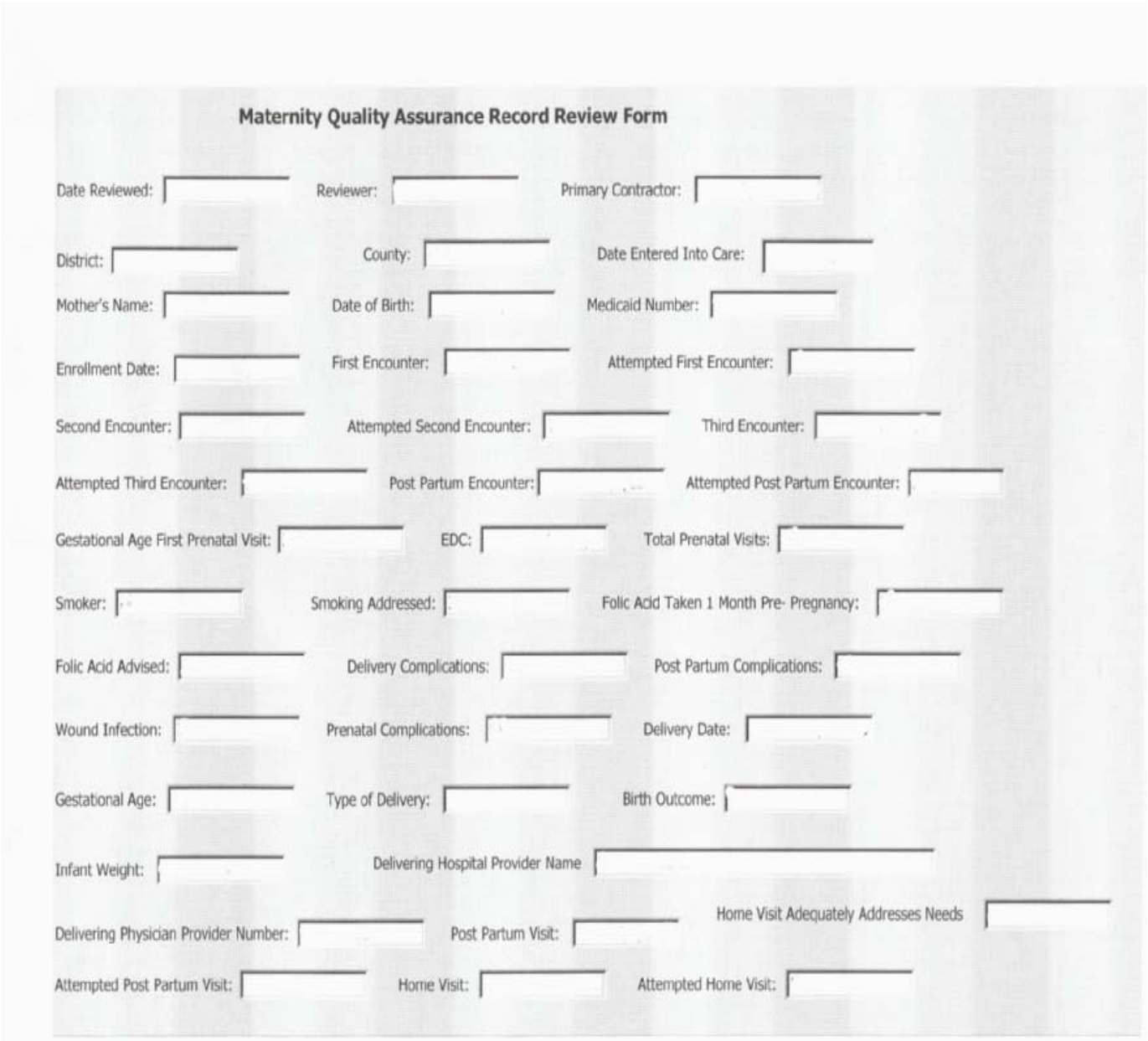
If you have any comment/concerns, please print them in the box below:

IF YOU HAVE ANY QUESTIONS ABOUT THIS SURVEY, YOU MAY CALL THE MATERNITY CARE/QUALITY ASSURANCE PROGRAM AT 1-334-353-5997

2 N D Q T R 2 0 0 5 A U G

Attachment A
Maternity Care Manual
Updated 1/31/06

MEDICAL RECORD REVIEW
COMPUTER DATABASE



Maternity Quality Assurance Record Review Form

Date Reviewed: Reviewer: Primary Contractor:

District: County: Date Entered Into Care:

Mother's Name: Date of Birth: Medicaid Number:

Enrollment Date: First Encounter: Attempted First Encounter:

Second Encounter: Attempted Second Encounter: Third Encounter:

Attempted Third Encounter: Post Partum Encounter: Attempted Post Partum Encounter:

Gestational Age First Prenatal Visit: EDC: Total Prenatal Visits:

Smoker: Smoking Addressed: Folic Acid Taken 1 Month Pre- Pregnancy:

Folic Acid Advised: Delivery Complications: Post Partum Complications:

Wound Infection: Prenatal Complications: Delivery Date:

Gestational Age: Type of Delivery: Birth Outcome:

Infant Weight: Delivering Hospital Provider Name

Delivering Physician Provider Number: Post Partum Visit: Home Visit Adequately Addresses Needs

Attempted Post Partum Visit: Home Visit: Attempted Home Visit:

Attachment F
Maternity Care Manual
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GRIEVANCE LOG

P/R	Recipient Name	Medicaid No.	Provider Name	Date Received	Date Occurred	Complaint Code	Explanation	Resolution Code	Resolution Summary	Date Resolved	Level

Complaint Codes: A. Staff B. Medical/MD C. Environment D. Lost/Found E. Billing F. Food G. Equipment H. Communication I. Time J. Continuum of Care K. Out of System Care .. District Dispute M. Other

Resolution Codes: 1. Resolved 2. Resolved, Additional Action Taken 3. Unresolved, Additional Action Needed 4. Unresolved, Urgent 5. Unresolved, Appeal 6. Unresolved, Fair Hearing

Levels: S – standard E - expedited